Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: VA-APP 05/09 (IVC)
TOI: A02.1I Individual Annuities- Deferred Non-Variable and Variable
Sub-TOI: A02.1I.002 Flexible Premium
Filing Type: Form

SERFF Tr Num: AEGA-126096701
SERFF Status: Closed-Approved-Closed
Co Tr Num: VA-APP 05/09 (IVC)
Author: Laurie Bascom
Date Submitted: 04/02/2009

State: Arkansas
State Tr Num: 42033
State Status: Approved-Closed
Reviewer(s): Linda Bird
Disposition Date: 04/02/2009
Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
Implementation Date:
State Filing Description:

General Information

Project Name: Variable Annuity Application
Project Number: VA-APP 05/09 (IVC)
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 04/02/2009

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 04/02/2009

Deemer Date:
Submitted By: Laurie Bascom

Created By: Laurie Bascom
Corresponding Filing Tracking Number:

Filing Description:
State of Arkansas
Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Attn: Policy Examination Division (Life & Annuity)

Re: Transamerica Life Insurance Company

NAIC # 468 - 86231
VA-APP 05/09 (IVC) – Variable Annuity Application
SERFF Tracking Number – AEGA-126096701

Dear Sir or Madam:

Please find attached the above referenced application for your review and approval. This is a new form and is not intended to replace any form previously approved by your Department. This form is intended for use with Variable Annuity form AV920 101 168 603, approved by your Department on 07/11/2003.

We have attached a Statement of Variability that outlines the items that are bracketed. Please note that due to the variability of the language on this application the pagination may vary based on what is included in this application.

Please note the paper and font of the attached application may change in the future. You have our assurances the form will contain the same language as approved by your Department. This form will be printed and be made part of any policy issued.

We would appreciate your review and subsequent approval of the attached form.

Sincerely,

Transamerica Life Insurance Company

Laurie Jaeger
Filing Analyst II
FMG Regulatory Filing Unit
Phone: 319/355-6813
Fax: 319/355-6820
Email: ljaeger@aegonusa.com

P.S. This application was approved by Iowa, our Home State on _____________, or is concurrently submitted.

Company and Contact

Filing Contact Information

Laurie Bascom, Forms Filing Analyst II lbascom@aegonusa.com
4333 Edgewood Road, NE 319-355-6813 [Phone]

Cedar Rapids, IA 52499 319-355-6820 [FAX]

Filing Company Information

Transamerica Life Insurance Company	CoCode: 86231	State of Domicile: Iowa
4333 Edgewood Road, NE	Group Code: 468	Company Type:
Cedar Rapids, IA 52499	Group Name:	State ID Number:
(319) 355-8511 ext. [Phone]	FEIN Number: 39-0989781	

Filing Fees

Fee Required?	Yes
Fee Amount:	$20.00
Retaliatory?	No
Fee Explanation:	1 form X $20 = $20
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	$20.00	04/02/2009	26896878

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/02/2009	04/02/2009

Disposition

Disposition Date: 04/02/2009
Implementation Date:
Status: Approved-Closed
Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Application Statement of Variability		Yes
Form	Variable Annuity Application		Yes

SERFF Tracking Number:	*AEGA-126096701*	*State:*	*Arkansas*
Filing Company:	*Transamerica Life Insurance Company*	*State Tracking Number:*	*42033*
Company Tracking Number:	*VA-APP 05/09 (IVC)*		
TOI:	*A02.1I Individual Annuities- Deferred Non-Variable and Variable*	*Sub-TOI:*	*A02.1I.002 Flexible Premium*
Product Name:	*VA-APP 05/09 (IVC)*		
Project Name/Number:	*Variable Annuity Application/VA-APP 05/09 (IVC)*		

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	VA-APP 05/09 (IVC)	Application/ Enrollment Form	Variable Annuity Application	Initial		50.900	STD - IVC App (Brackets).pdf

TRANSAMERICA
LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA
Mailing Address: Transamerica Life Insurance Company
4333 Edgewood Road NE, Cedar Rapids, IA 52499
Telephone: (800) 535-5549

For Applicants in AZ - Upon your written request, the Company is required to provide, within a reasonable time, reasonable factual information concerning the benefits and provisions of the contract to you. If for any reason you are not satisfied with the contract, you may return it within thirty days after it is delivered and receive a refund equal to the premiums paid, including any policy or contract fees or other charges, less the amounts allocated to any separate accounts under the policy or contract, plus the value of any amounts allocated to any separate accounts under the policy or contract on the date the returned policy is received by the insurer.

1. PRODUCT INFORMATION

Product: Transamerica Investor Choice Annuity

Surrender Charge Period (select only one option): ❑ 7 Year ❑ 4 Year ❑ 0 Year ❑ 9 Year (Bonus Contract)

❑ Non-Qualified

Qualified:
❑ Custodial IRA ❑ Inherited IRA ❑ Roth IRA ❑ SEP IRA
❑ Simple IRA ❑ Traditional IRA ❑ Other: ______________________

Signed at: ______________________
State

2. OWNER INFORMATION

Type of Owner: ❑ Custodian ❑ Guardianship ❑ Individual ❑ Trust[1] ❑ UGMA / UTMA
❑ Corporate
❑ Individual

Complete Legal Name: ______________________
Residential Address:* ______________________ City, State, Zip: ______________________
Mailing Address: ______________________ City, State, Zip: ______________________
SSN/TIN: ______________________ Date of Birth: ______________________
Telephone: ______________________ E-mail Address: ______________________
Gender: ❑ Male Citizenship: ❑ U.S. Citizen ❑ Non-U.S.Citizen (Country of Citizenship: ______________)
❑ Female Please Choose: ❑ Resident Alien ❑ Non-Resident Alien

3. JOINT OWNER INFORMATION (if applicable)

Relationship to Owner: ______________________
Complete Legal Name: ______________________
Residential Address:* ______________________ City, State, Zip: ______________________
Mailing Address: ______________________ City, State, Zip: ______________________
SSN/TIN: ______________________ Date of Birth: ______________________
Telephone: ______________________ E-mail Address: ______________________
Gender: ❑ Male Citizenship: ❑ U.S. Citizen ❑ Non-U.S.Citizen (Country of Citizenship: ______________)
❑ Female Please Choose: ❑ Resident Alien ❑ Non-Resident Alien

(1) **The Trustee Certification Form is required if a Trust is named as Owner.**
*** A Residential Address must be completed and cannot be a P.O. Box.**

4. ANNUITANT INFORMATION

Relationship to Owner: ____________________

Complete Legal Name: ____________________

Residential Address:* ____________________ City, State, Zip: ____________________

Mailing Address: ____________________ City, State, Zip: ____________________

SSN/TIN: ____________________ Date of Birth: ____________________

Telephone: ____________________ E-mail Address: ____________________

Gender: ❑ Male ❑ Female

Citizenship: ❑ U.S. Citizen ❑ Non-U.S.Citizen (Country of Citizenship: ____________________)

Please Choose: ❑ Resident Alien ❑ Non-Resident Alien

*** A Residential Address must be completed and cannot be a P.O. Box.**

5. BENEFICIARY DESIGNATION (If there are more than 3 beneficiaries, attach an Additional Beneficiary Form.)

Beneficiary designation(s) must total 100%.

❑ Primary ❑ Contingent

Allocation Percentage: __________% Gender: ❑ Male ❑ Female ❑ N/A - Entity or Trust [1]

Complete Legal Name: ____________________ ❑ Spousal Beneficiary

Relationship to Annuitant: ____________________

Mailing Address: ____________________ City, State, Zip: ____________________

SSN/TIN: ____________________ Date of Birth: ____________________

Is this an Irrevocable Beneficiary? ❑ Yes ❑ No

Is this a Restricted Beneficiary? ❑ Yes [2] ❑ No

❑ Primary ❑ Contingent

Allocation Percentage: __________% Gender: ❑ Male ❑ Female ❑ N/A - Entity or Trust [1]

Complete Legal Name: ____________________ ❑ Spousal Beneficiary

Relationship to Annuitant: ____________________

Mailing Address: ____________________ City, State, Zip: ____________________

SSN/TIN: ____________________ Date of Birth: ____________________

Is this an Irrevocable Beneficiary? ❑ Yes ❑ No

Is this a Restricted Beneficiary? ❑ Yes [2] ❑ No

❑ Primary ❑ Contingent

Allocation Percentage: __________% Gender: ❑ Male ❑ Female ❑ N/A - Entity or Trust [1]

Complete Legal Name: ____________________

Relationship to Annuitant: ____________________

Mailing Address: ____________________ City, State, Zip: ____________________

SSN/TIN: ____________________ Date of Birth: ____________________

Is this an Irrevocable Beneficiary? ❑ Yes ❑ No

Is this a Restricted Beneficiary? ❑ Yes [2] ❑ No

[1] **Please submit the Trustee Certification Form if a Trust is named as Beneficiary.**

[2] **The Beneficiary Designation with Restricted Payout Form is required.**

6. SOURCE OF FUNDS

Purchase Amount $ ______________________________

❑ Check/Wire Enclosed ❑ Carrier to request release of funds

Complete only ONE section, 6A or 6B; whichever is applicable.

A. NON-QUALIFIED

- ❑ New Money
- ❑ 1035 Exchange - The IRC Section 1035 Exchange Form is required.
- ❑ CD/Mutual Fund Redemption - The Mutual Fund or CD Redemption Form is required.

B. QUALIFIED

- ❑ New Contribution - Tax Year: ____________________
- ❑ Direct Transfer - The Qualified Funds Direct Rollover or Transfer Request Form is required.
- ❑ Rollover - The Qualified Funds Direct Rollover or Transfer Request Form is required.

From:

❑ 401(k)	❑ Inherited IRA	❑ Traditional IRA
❑ 403(b)	❑ SEP IRA	❑ Roth IRA: Date first established ______________
❑ Custodial IRA	❑ Simple IRA	❑ Converted Roth: Date of conversion ____________
❑ Other: ______________________________		

7. ELECTIONS

Elections below may not be available in all states or with all products. Issue ages may differ between states and products. For the description and applicable fees for the rider(s) listed below, refer to the prospectus.

A. GUARANTEED MINIMUM DEATH BENEFITS - Your selection cannot be changed after the policy has been issued. If no option is selected, the Policy Value Death Benefit will apply. (For MD applicants, the Return of Premium Death Benefit will apply.) One, and only one, option <u>must</u> be selected.

- ❑ Policy Value Death Benefit
- ❑ Return of Premium Death Benefit
- ❑ Annual Step-Up Death Benefit

B. ADDITIONAL DEATH BENEFIT RIDER(S) - If a rider is not selected, it will not apply. Only one Additional Death Benefit can be selected.

- ❑ Additional Death Distribution +
- ❑ Additional Death Distribution

C. AVAILABLE LIVING/WITHDRAWAL BENEFIT RIDER(S) - If a rider is not selected, it will not apply. Only one Living/Withdrawal Benefit can be selected.

❑ Retirement Income Choice (RIC) Rider - either the the single or the joint option <u>must</u> be selected.

- ❑ Single
- ❑ Joint - Joint Owner in Section 3 or Sole Beneficiary in Section 5 must be a spouse or a domestic partner.

RIC Rider options - more than one option may be selected.

- ❑ Income Enhancement
- ❑ Death Benefit

RIC Rider Investment Strategy - one, and only one, option <u>must</u> be selected.

- ❑ Open Allocation
- ❑ Designated Allocation

8. INVESTMENT SELECTION

A. DOLLAR COST AVERAGING (DCA) PROGRAM

Transfer from:

❑ DCA Fixed Account ❑ BlackRock Money Market V.I. Fund

Frequency and Number of Transfers:

There is a minimum of $500 for each DCA Transfer.

Monthly: ❑ 6 ❑ 8 ❑ 12 ❑ 24 ❑ Other: ________________ (minimum 6 months/maximum 24 months)

Quarterly: ❑ 4 ❑ 8

For Massachusetts applicants ONLY - The DCA cannot exceed twelve (12) months or four (4) quarters.

For Washington applicants ONLY - If the BlackRock Money Market V.I. Fund is selected, the DCA frequency cannot exceed twelve (12) months or four (4) quarters. If the DCA Fixed Account is selected, six (6) monthly transfers must be chosen. If the RIC Rider in Section 7C is selected, the DCA Fixed Account is not available.

B. ASSET REBALANCING PROGRAM - Rebalancing will not begin until completion of DCA Program, if applicable. Money invested in the Fixed Account is not included. More than one investment option must be allocated to participate in this program. If you would like to rebalance to a mix other than indicated in Section 8C, please complete the Optional Services Form.

I elect Asset Rebalancing: ❑ No ❑ Yes

Rebalance the variable options according to my allocations in Section 8C using the frequency indicated below.

❑ Monthly ❑ Quarterly ❑ Semi-Annually ❑ Annually

C. PORTFOLIO FUND ALLOCATIONS

For all options listed in Section 8C, the Initial Allocation Percentage column and DCA Allocation Percentage column must each total 100%. All allocations must be entered in whole percentages.

Additional investment options are continued on the next page.

Investment Options: [(1) (2)]

Initial % (Required)	DCA % (Optional)		Initial % (Required)	DCA % (Optional)	
_____.0%	N/A .0%	**Initial Investment for DCA Program**	_____.0%	_____.0%	TA BlackRock Global Allocation VP
_____.0%	N/A .0%	1 Year Fixed Guaranteed Period Option	_____.0%	_____.0%	TA PIMCO Total Return VP
_____.0%	N/A .0%	3 Year Fixed Guaranteed Period Option	_____.0%	_____.0%	Roszel Conservative
_____.0%	N/A .0%	5 Year Fixed Guaranteed Period Option	_____.0%	_____.0%	Roszel Moderate
_____.0%	N/A .0%	7 Year Fixed Guaranteed Period Option	_____.0%	_____.0%	Roszel Moderately Conservative
_____.0%	_____.0%	BlackRock Money Market V.I. Fund	_____.0%	_____.0%	Roszel Moderately Aggressive

(1) **Guaranteed Period Options may not be available in all states or with all products.**

(2) **If the Designated Allocation Investment Strategy Option for the RIC Rider in Section 7C is selected, allocations are only allowed among these options.**

8. INVESTMENT SELECTION - PORTFOLIO FUND ALLOCATIONS (continued)

For all funds listed in Section 8C, the Initial Allocation Percentage column and DCA Allocation Percentage column must each total 100%.

Investment Options (continued): [(1)]

Initial % (Required)	DCA % (Optional)	Fund
______.0%	______.0%	AIM V.I. Basic Value Fund
______.0%	______.0%	AIM V.I. Mid Cap Core Equity Fund
______.0%	______.0%	AllianceBernstein International Value Portfolio
______.0%	______.0%	AllianceBernstein Small/Mid Cap Value Portfolio
______.0%	______.0%	AllianceBernstein Value Portfolio
______.0%	______.0%	American Funds - Asset Allocation Fund
______.0%	______.0%	American Funds - Bond Fund
______.0%	______.0%	American Funds - Growth Fund
______.0%	______.0%	American Funds - Growth-Income Fund
______.0%	______.0%	American Funds - International Fund
______.0%	______.0%	BlackRock Basic Value V.I. Fund
______.0%	______.0%	BlackRock Fundamental Growth V.I. Fund
______.0%	______.0%	BlackRock Global Growth V.I. Fund
______.0%	______.0%	BlackRock Government Income V.I. Fund
______.0%	______.0%	BlackRock High Income V.I. Fund
______.0%	______.0%	BlackRock International Value V.I. Fund
______.0%	______.0%	BlackRock Large Cap Core V.I. Fund
______.0%	______.0%	BlackRock Large Cap Growth V.I. Fund
______.0%	______.0%	BlackRock Large Cap Value V.I. Fund
______.0%	______.0%	BlackRock S&P 500 Index V.I. Fund
______.0%	______.0%	BlackRock Total Return V.I. Fund
______.0%	______.0%	BlackRock Value Opportunities V.I. Fund
______.0%	______.0%	Davis Value Portfolio
______.0%	______.0%	Dreyfus VIF Appreciation Portfolio
______.0%	______.0%	Eaton Vance VT Floating-Rate Income Fund
______.0%	______.0%	Eaton Vance VT Large-Cap Value Fund
______.0%	______.0%	Federated Capital Appreciation Fund II
______.0%	______.0%	Federated Kaufmann Fund II
______.0%	______.0%	Janus Aspen - Enterprise Portfolio
______.0%	______.0%	Janus Aspen - Forty Portfolio
______.0%	______.0%	Oppenheimer Capital Appreciation Fund/VA
______.0%	______.0%	Oppenheimer Main Street Fund®/VA

Initial % (Required)	DCA % (Optional)	Fund
______.0%	______.0%	Oppenheimer Main Street Small Cap Fund®/VA
______.0%	______.0%	PIMCO CommodityRealReturn Strategy Portfolio
______.0%	______.0%	PIMCO Emerging Markets Bond Portfolio
______.0%	______.0%	PIMCO Foreign Bond Portfolio
______.0%	______.0%	PIMCO Low Duration Portfolio
______.0%	______.0%	PIMCO Real Return Portfolio
______.0%	______.0%	Pioneer Emerging Markets VCT Portfolio
______.0%	______.0%	Pioneer Fund VCT Portfolio
______.0%	______.0%	Pioneer High Yield VCT Portfolio
______.0%	______.0%	Pioneer Real Estate Shares VCT Portfolio
______.0%	______.0%	Premier - NFJ Dividend Value Portfolio
______.0%	______.0%	Roszel Aggressive
______.0%	______.0%	Roszel All Equity Plus
______.0%	______.0%	Roszel/Allianz CCM Capital Appreciation Portfolio
______.0%	______.0%	Roszel/Allianz NFJ Small Cap Value Portfolio
______.0%	______.0%	Roszel/Delaware Trend Portfolio
______.0%	______.0%	Roszel/JPMorgan Small Cap Growth Portfolio
______.0%	______.0%	Roszel/Lord Abbett Affiliated Portfolio
______.0%	______.0%	Roszel/Lord Abbett Bond Debenture Portfolio
______.0%	______.0%	Roszel/Lord Abbett Mid Cap Value Portfolio
______.0%	______.0%	Roszel/Marsico Large Cap Growth Portfolio
______.0%	______.0%	Roszel/Seligman Mid Cap Growth Portfolio
______.0%	______.0%	Templeton Foreign Securities Fund
______.0%	______.0%	Templeton Growth Securities Fund
______.0%	______.0%	TA Convertible Securities VP
______.0%	______.0%	TA Equity VP
______.0%	______.0%	TA Growth Opportunities VP
______.0%	______.0%	TA Small/Mid Cap Value VP
______.0%	______.0%	Van Kampen Comstock Portfolio
______.0%	______.0%	Wanger International
______.0%	______.0%	Wanger USA
100%	**100%**	

[(1)] **Not available if the Designated Allocation Option was selected in Section 7C.**

9. OWNER ACKNOWLEDGEMENTS & SIGNATURES

A. REPLACEMENT INFORMATION - All questions in this section must be answered.

❑ No ❑ Yes Did the agent present and leave the applicant sales material?

❑ No ❑ Yes Do you have any existing annuity policies/life insurance contracts?

❑ No ❑ Yes Will this annuity replace or change any existing annuity or life insurance?

If yes - Company: ______________________________ Policy #: ____________________

B. FRAUD STATEMENTS

For Applicants in AR, LA, ME, NM, OH, OK, TN, WV - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Applicants in CO - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For Applicants in DC - WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For Applicants in KY - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

For Applicants in MD - Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Applicants in NJ - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For Applicants in PA - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Applicants in VA - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For Applicants in WA - It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Under the Washington Uniform Transfers to Minors Act, extending custodianship to age twenty-five may cause you to lose your annual exclusion from Federal Gift Tax. We recommend you seek the advice of your tax counsel prior to making this election.

9. OWNER ACKNOWLEDGEMENTS & SIGNATURES (continued)

C. CALIFORNIA APPLICANTS AGE 60 OR OLDER ONLY

Under California law, there is a 30 Day Right to Review your contract. The amount that will be returned to you if you cancel your contract during this 30 day period will depend on the election below which designates where your payments will be allocated during the Right to Review period. Please check one of the following boxes. **If you do not check one of these boxes, we will allocate your payment to the Money Market portfolio for a period of 35 calendar days.**

❑ I/We wish to immediately invest in the variable investment options selected in Section 8. If my/our contract is canceled within 30 days, the contract value will be returned to me/us.

❑ I/We authorize the company to allocate the payment to the Money Market portfolio for a period of 35 calendar days. On the 35th day (or next business day) transfer the contract value to the investment options selected in Section 8. If I/we cancel the contract within 30 days, any payments will be returned.

D. CONNECTICUT APPLICANTS ONLY

An illustration has been provided showing the minimum interest rate percentage applicable to the Fixed Account and I have reviewed it.

The fixed account of this policy guarantees a minimum interest percentage of 1.50. This rate may be lower than the required interest rate for calculating minimum surrender values. Read your contract carefully.

E. NORTH CAROLINA APPLICANTS ONLY

❑ No ❑ Yes Do you believe the selected policy will meet your retirement needs and financial objectives?

❑ No ❑ Yes Are your other investments and savings adequate to meet planned expenses and possible financial emergencies without need to liquidate this product and possibly incur a penalty?

❑ No ❑ Yes Do you believe that the selected policy is appropriate for your tax status and meets your tax objectives?

❑ No ❑ Yes Do you understand that you bear the entire investment risk for all amounts you put in the separate account?

F. DISCLOSURES

- Unless I have notified the Company of a community or marital property interest in this contract, the Company will rely on good faith belief that no such interest exists and will assume no responsibility for inquiry.
- To the best of my knowledge and belief, all of my statements and answers on this application are correct and true.
- I am in receipt of a current prospectus for this variable annuity.
- I am in receipt of the privacy notice.
- This application is subject to acceptance by Transamerica Life Insurance Company. If this application is rejected for any reason, Transamerica Life Insurance Company will be liable only for return of purchase payment paid.
- I understand that federal law requires all financial institutions to obtain customer information, including the name, residential address, date of birth, Social Security Number or Tax Identification Number and any other information necessary to sufficiently identify each customer. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination.
- When funds are allocated to the Fixed Accounts in Section 8, policy values may increase or decrease in accordance with an Excess Interest Adjustment prior to the end of the Guaranteed Period.

9. OWNER ACKNOWLEDGEMENTS & SIGNATURES (continued)

G.TELEPHONE/ELECTRONIC AUTHORIZATIONS

❑ Yes **TELEPHONE/ELECTRONIC TRANSACTION AUTHORIZATION**

As the owner, I will receive this privilege automatically. If a contract has joint owners, each owner may individually make telephone and/or electronic requests. By checking, "Yes," I am authorizing and directing Transamerica Life Insurance Company to act on telephone or electronic instructions from any other person(s) who can furnish proper identification. Transamerica Life Insurance Company will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, Transamerica Life Insurance Company and its affiliates and their directors, trustees, officers, employees, representatives and/or agents will be held harmless for any claim, liability, loss or cost.

H. CLIENT SIGNATURES

❑ Check here if you want to be sent a copy of "Statement of Additional Information."

I HAVE REVIEWED MY FINANCIAL OBJECTIVES AND INSURANCE NEEDS, INCLUDING ANY EXISTING ANNUITY COVERAGE, AND FIND THE ANNUITY BEING APPLIED FOR IS APPROPRIATE FOR MY NEEDS.

Account values when allocated to any of the options in Section 8 are not guaranteed as to fixed dollar amount.

Date: ______________________________

☞ **Owner(s) Signature:** X ______________________________

☞ Joint Owner(s) Signature: X ______________________________

☞ Annuitant Signature (if not Owner): X ______________________________

10. REPRESENTATIVE/AGENT ACKNOWLEDGEMENTS & SIGNATURES

A. REPLACEMENT INFORMATION - All questions in this section must be answered.

❑ No ❑ Yes Did you present and leave the applicant insurer-approved sales material?

❑ No ❑ Yes Does the applicant have any existing annuity policies or life insurance contracts?

❑ No ❑ Yes Do you have any reason to believe the annuity applied for will replace or change any existing annuity or life insurance?

REMINDER - Submit the appropriate state replacement form(s) if the Applicant has existing annuity policies or life insurance contracts.

For Connecticut Representatives/Agents ONLY - I have provided an illustration showing the minimum interest rate percentage applicable to the Fixed Account and reviewed it with the Applicant.

B. REPRESENTATIVE/AGENT SIGNATURES

I HAVE MADE REASONABLE EFFORTS TO OBTAIN INFORMATION CONCERNING THE CONSUMER'S FINANCIAL STATUS, TAX STATUS, INVESTMENT OBJECTIVES AND SUCH OTHER INFORMATION USED OR CONSIDERED TO BE REASONABLE IN MAKING THE ANNUITY RECOMMENDATION AND FIND THE ANNUITY BEING APPLIED FOR APPROPRIATE FOR HIS/HER NEEDS.

REMINDER - Please verify a product has been selected in Section 1.

I certify that I have truly and accurately recorded on the application the information that was provided to me by the applicant.

#1: Registered Representative/Licensed Agent

Print First Name: ______________________________

Print Last Name: ______________________________

☞ Signature: **X** ______________________________

Representative/Agent ID Number: ______________________________

Email Address (Optional): ______________________________

Phone Number: ______________________________

Firm Name: ______________________________

Firm Address: ______________________________

#2: Registered Representative/Licensed Agent

Print First Name: ______________________________

Print Last Name: ______________________________

☞ Signature: **X** ______________________________

Representative/Agent ID Number: ______________________________

Email Address (Optional): ______________________________

Phone Number: ______________________________

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification
Comments:
Attachments:
Arkansas Cert 2 (Flesch) - TLIC.pdf
Arkansas Cert 3 (Reg 19).pdf

Item Status: **Status Date:**

Bypassed - Item: Application
Bypass Reason: Application being submitted for approval is attached to the Form Schedule tab.
Comments:

Item Status: **Status Date:**

Bypassed - Item: Life & Annuity - Acturial Memo
Bypass Reason: n/a
Comments:

Item Status: **Status Date:**

Satisfied - Item: Application Statement of Variability
Comments:
Attachment:
Statement of Variability.pdf

TRANSAMERICA LIFE INSURANCE COMPANY

STATE OF ARKANSAS

CERTIFICATION

This is to certify that the attached Variable Annuity Application Form No. VA-APP 05/09 (IVC) has achieved a Flesch Reading Ease Score of 50.9 and complies with the requirements of Ark. Stat. Ann. § 23-80-21 through 23-80-208, cited as the Life and Disability Insurance Policy Language Simplification Act.

TRANSAMERICA LIFE INSURANCE COMPANY

Karen Alvarado
Vice President, Compliance Director

04/01/2009
Date

CERTIFICATION OF COMPLIANCE

Company Name: Transamerica Life Insurance Company

Form Title(s): Variable Annuity Application

Form Number(s): VA-APP 05/09 (IVC)

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg.19 s 10B, as well as the other laws and regulations of the State of Arkansas.

Karen Alvarado

Karen Alvarado
Vice President, Compliance Director

04/01/2009
Date

AR Cert 3-F

Annunity Application Statement of Variability

VA-APP 05/09 (IVC)

We have bracketed or determined that the following information will be variable. Any changes will be for future use only, and on a non-discriminatory basis. These changes include any changes to ensure this form remains compliant with state and federal laws, regulations and requirements as well as the items specifically detailed below. We have bracketed the sections for the following reasons:

Address/Telephone: To allow for administrative flexibility. Should the location, telephone number or other annuity contact information change, this information will be updated accordingly.

Section 7. ELECTIONS

Guaranteed Minimum Death Benefits: The ability to offer different Guaranteed Death Benefits. The current options may be removed and added, but newly approved options will never be added.

Additional Death Benefit Rider(s): The ability to change and/or make available different types of additional death benefit riders. The current options may be removed and added, but newly approved options will never be added.

Available Living/Withdrawal Benefit Rider(s): The ability to change and/or make available different types of living/withdrawal benefit riders. The current options may be removed and added, but newly approved options will never be added.

Section 8. INVESTMENT SELECTION

Portfolio Fund Allocations: To allow for flexibility to make changes to the Subaccounts.